# M24000013654

(Requestor's Name)
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PICK-UP WAIT MAIL
_
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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#### **Filing Cover Sheet**

Sunbiz Prepaid Account # I20160000017	
To: Florida Division of Corporations	
From: LESLIE SELLERS C/O Capitol Services, Inc.	
Date: 10/24/2024	
Trans#: 1491571	
Entity Name: ZUMMO MEAT COMPA	( ) Amendment ( )
Articles of Organization ( )	Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion ( )	Fictitious Name ( )
Foreign Qualification (XXX)	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	Partnership Registration ( )
STATE FEES PREPAID WITH SUNBIZ ACCT #120	0160000017 in the amount of \$ 155.00 /
PLEASE RETURN:	
Certified Copy (XXX) 3 Plain Stamp	ed Copy ( )
Good Standing ( ) Certificate o	f Fact()

#### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Zummo Meat Company, LLC	
	Name of I	imited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Comp ce, and check are submitted to register the above refere	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the f	ollowing:
	Jay Dunkel	
	Na	ne of Person
	Capitol Services - Corporate Filing	s Team
		n/Company
	515 East Park Avenue 2nd FI	
		Address
	Tallahassee, FL 32301	
	City/Sta	te and Zip Code
	jayd@unclejohnspride.com	
		or future annual report notification)
For furth	er information concerning this matter, please call:	
	Jay Dunkel	at ( 855 ) 498 - 5500
	Name of Contact Person	Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
[	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTM  \$125.00 Filing Fee \$  Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Cartificate

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreig	ompany, LLC in Limited Liability Company; must include "Limited I		
•	Company, most include "Limited I	liability Company," "LLC.," or "LLC.")	-
(If name unavailable, enter alternate	name adopted for the purpose of transacting husiness in Florida	. The alternate name must include "Limited Liability Common	v." "LLC "or "LLC ")
2 Delaware			, water we take ,
	which foreign limited liability company is organized)	<sub>3.</sub> <u>74-</u> 1478952	
	resembly families hability company is organized)	(FEI number, if applicab	le)
00/20/2022			
4. 09/20/2023	(0		
	(Date first transacted business in Florida, if prior to regi (See sections 605 0904 & 605,0905, F.S. to determine p	stration.) enalty liability)	
2705 01 1		•	
3705 St. James		6. <u>3705</u> St. James Blvd.	
(Street Address of	Principal Office)	(Mailing Address)	<del></del>
Beaumont, TX 7	7706	•	
Beddinont, TX 7	7705	Beaumont, TX 77705	
			<del></del>
			··
. Name and street addre	ss of Florida registered agent: (P.O. Box. No.	OT pagantuhla)	212
. Name and street addre	ss of Florida registered agent: (P.O. Box No.	OT acceptable)	112.0
. Name and street addre	ss of Florida registered agent: (P.O. Box No.	OT acceptable)	21246
. Name and street addre		OT acceptable)	26.0.21
	ss of Florida registered agent: (P.O. Box No. 1800)  Capitol Corporate Services, Inc.	OT acceptable)	•
Name:	Capitol Corporate Services, Inc.	OT acceptable)	•
		OT acceptable)	•
Name:	Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Fl	OT acceptable)	•
Name:	Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Fl Tallahassee		•
Name: Office Address:	Capitol Corporate Services, Inc.  515 East Park Avenue 2nd Fl  Tallahassee	OT acceptable)  Florida 32301  (Vip code)	•
Name: Office Address: egistered agent's accep	Capitol Corporate Services, Inc.  515 East Park Avenue 2nd Fl  Tallahassee	Florida 32301 (Zip code)	2.5 2.7  7.7 
Name:  Office Address:  egistered agent's accep	Capitol Corporate Services, Inc.  515 East Park Avenue 2nd Fl  Tallahassee  (City)	Florida 32301 (Zip code)	2.5 2.7 2.7 2.7 2.7 2.7
Name:  Office Address:  egistered agent's accept faving been named as re- essignated in this applica	Capitol Corporate Services, Inc.  515 East Park Avenue 2nd Fl  Tallahassee  (City)  tance: gistered agent and to accept service of praction. I hereby accept the appointment of the appo	Florida 32301 (Zip code)  ess for the above stated limited liability co	mpany at the place
Name: Office Address: egistered agent's acceptaing been named as resignated in this applicate comply with the provisi	Capitol Corporate Services, Inc.  515 East Park Avenue 2nd Fl  Tallahassee  (City)  tance: gistered agent and to accept service of procession, I hereby accept the appointment as regons of all statutes relative to the process	Florida 32301 (Zip code)  ess for the above stated limited liability co	mpany at the place
Name: Office Address: egistered agent's acceptaing been named as resignated in this applicate comply with the provisi	Capitol Corporate Services, Inc.  515 East Park Avenue 2nd Fl  Tallahassee  (Giy)  tance: gistered agent and to accept service of proceion, I hereby accept the appointment as regions of all statutes relative to the proper and to finy position as registered agent.	. Florida 32301  (Zip code)  ess for the above stated limited liability cognitions and agree to act in this capa complete performance of my duties, and	mpany at the place scity. I further agree I am familiar with
Name: Office Address: egistered agent's acceptaing been named as resignated in this applicate comply with the provisi	Capitol Corporate Services, Inc.  515 East Park Avenue 2nd Fl  Tallahassee  (City)  tance: gistered agent and to accept service of procession, I hereby accept the appointment as regons of all statutes relative to the process	Florida 32301 (Zip code)  ess for the above stated limited liability co	mpany at the place acity. I further agree I am familiar with

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Name: Jay Dunkel Manager Address: 10250 Woodberry Rd. ☐ Member Member Address: Tampa, FL 33619 Authorized Person Person Other Other\_\_\_\_\_ Other\_ Other\_\_\_\_ Manager Name: Bill Mayer Name: Member Address: 10250 Woodberry Rd. ☐ Member Address: Tampa, FL 33619 ☐ Authorized Person Person Other Other\_\_\_\_ Other\_ \_\_\_Other\_\_\_\_\_ ☐Manager Manager | Name: ☐Member Address: Member Address: Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Jay Dunkel Typed or printed name of signee

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZUMMO MEAT COMPANY, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZUMMO MEAT COMPANY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2023.

Authentication: 204709622

Date: 10-24-24